



CREMATION COMMITTEE
REPORT OF THE
Interdepartmental Committee
APPOINTED BY THE
Secretary of State for the Home Department

*Presented by the Secretary of State for the Home Department to Parliament
by Command of His Majesty
July, 1950*

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WARRANT OF APPOINTMENT

I HEREBY APPOINT:

Mr. H. A. Strutt, C.V.O., and Mr. R. S. Wells of the Home Office, Mr. R. Howat of the Department of Health for Scotland, Mr. J. M. Ross of the General Register Office, and Mr. H. F. Summers of the Ministry of Health,

to be a Committee to review the Regulations made under section 7 of the Cremation Act, 1902, and to make recommendations.

AND I FURTHER APPOINT Mr. Strutt to be Chairman, and Mr. L. M. Baker of the Home Office to be Secretary of the Committee.

(Signed) J. CHUTER EDE.

Home Office,
Whitehall.
1st May, 1947.

I HEREBY APPOINT:

Miss J. I. Wall, of the Home Office, to be a member of the Committee to review the Regulations made under section 7 of the Cremation Act, 1902, in place of Mr. R. S. Wells.

(Signed) J. CHUTER EDE.

Home Office,
Whitehall.
29th September, 1947.

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To the RIGHT HONOURABLE J. CHUTER EDE, M.P., *Secretary of State for the Home Department*

INTRODUCTION

SIR,

1. You appointed us in May, 1947, to review the Regulations made under Section 7 of the Cremation Act, 1902,* and to make recommendations.

2. We invited evidence from various national bodies, and also consulted individually certain persons who could help us on special aspects of our inquiry. Particulars of the sources of evidence are given in Appendix I. Visits were paid by some of us to crematoria in England and Scotland. In addition we have taken into consideration departmental information, including certain reports made by medical inspectors of the Department of Health for Scotland on the crematoria in Scotland. We have met 14 times.

3. The present Cremation Regulations† are substantially those proposed by the Departmental Committee of 1902 which reported in 1903;‡ the various Regulations made since that date (now incorporated in the present Regulations) introduced only minor amendments. The Committee of 1902 did not find it necessary to report upon every aspect of cremation law and practice, because the Cremation Act was only passed in that year, and their recommendations were based in large measure on the practice of cremation authorities. They concentrated instead on the question of the danger that cremation might be used to destroy evidence of crime, and kept principally in view the framing of regulations “which, while avoiding undesirable delay in the disposal of the body, would reduce to a minimum the risk of cremation being used to destroy the evidence of murder by violence or poison”. The 1902 Committee, however, recognised that if cremation became more general, a more complete and detailed code of Regulations might be required, and they therefore asked that those which they proposed might be treated as provisional.

4. The increase in the practice of cremation has been remarkable in the last fifty years, and is likely to be still more so when restrictions on the building of new crematoria are relaxed. Applications from local authorities for approval of over 100 new crematoria are at present before the Ministry of Health. In 1902, there were nine crematoria in England and Scotland, and

* The regulation-making power is expressed in Section 7 of the Cremation Act, 1902 (2 Edw. 7. Ch. 8), as follows:—

“The Secretary of State shall make regulations as to the maintenance and inspection of crematoria and prescribing in what cases and under what conditions the burning of any human remains may take place, and directing the disposition or interment of the ashes, and prescribing the forms of the notices, certificates, and declarations to be given or made before any such burning is permitted to take place, such declarations to be made under and by virtue of the Statutory Declarations Act, 1835, and also regulations as to the registration of such burnings as have taken place”.

† Cremation England, S.R. & O. 1930, No. 1016; Cremation Scotland, S.R. & O. 1935, No. 247.

‡ Report of the Departmental Committee appointed to prepare a Draft of the Regulations to be made under the Cremation Act, 1902. (Cmd. 1452.)

444 cremations took place that year. The following table gives the position since 1920 for the years stated :—

Year	Number of Crematoria			Total Number of Cremations
	Local Authority	Privately Owned	Total	
1920 	7	7	14	1,796
1925 	8	8	16	2,701
1930 	11	10	21	4,533
1935 	19	10	29	9,614
1940 	35	21	56	25,199
1945 	37	21	58	42,963
1949 	37	21	58	79,607

5. This great development itself makes a review of the Cremation Regulations opportune at the present time. Unlike the Departmental Committee of 1902 we have not concentrated solely on the question of the danger of cremation destroying evidence of crime but have taken into account representations made to us about the Regulations generally and individually. The principal representations, nevertheless, have had regard to the procedure for medical certification laid down in the present Regulations—a procedure designed to minimise the danger of crime passing undetected—and necessarily we have had to devote a good deal of attention to it.

6. Our review of the Regulations has brought to our notice certain aspects in which the Act of 1902 may call for amendment. We deal in this Report only with those suggested amendments of the Act which are closely related to points we have considered in connection with our review of the Regulations, but note has been taken of all proposals for legislative amendment for further consideration when the opportunity occurs for a revision of the legislation on the subject.

7. The Scottish Regulations differ from the English Regulations in certain respects. These differences, apart from those which have regard to the fact that there are no Coroners in Scotland, are mainly on points of detail. (In Scotland, enquiries into sudden deaths, etc., are carried out by the Procurator Fiscal, whose duties in this connection correspond to some extent to those of the Coroner, but he does not normally hold enquiries in public, and is simply concerned to eliminate the possibility of foul play.) In this Report, reference is made specially to the Scottish Regulations only where points of substance arise.

PART I—THE PROVISION, MAINTENANCE AND INSPECTION OF CREMATORIA

Provision of new crematoria

8. The Act of 1902 controls the siting of all crematoria in relation to dwelling houses, but the approval of plans and sites of crematoria and certification that they are properly equipped, are required only where they are provided by burial authorities.* In the case of all crematoria the Regulations require notice of opening or closing to be given to the Secretary of State. The Cremation Council of Great Britain told us of three cases of crematoria

* The expression “ burial authorities ” in the Act, means any burial board, any council, committee or other local authority having the powers and duties of a burial board, and any local authority maintaining a cemetery under the Public Health (Interments) Act, 1879, or under any local Act. In Scotland the powers are derived from the Burial Grounds (Scotland) Act, 1855.

established by private bodies which were inadequately equipped and unsatisfactory in their conduct, but said they closed down on the outbreak of the recent war before their operation had time to cause scandal. We are in favour of a requirement, which entails legislative amendment, that the siting and establishment and approval of plans of all new crematoria shall be subject to official approval before the crematorium opens.

Maintenance and inspection of crematoria

9. In recent years there have been two cases of offences associated with serious malpractices at crematoria, which caused much public concern. In one, the managing director of a crematorium was sentenced to three years penal servitude for the theft of over 1,000 coffin lids and two coffins; the Judge remarked that the Jury might think it high time that cremation at the crematorium concerned, "as hitherto conducted, was subjected in the interests of public decency to most stringent independent inspection and control." In the other, an undertaker and a furnace attendant were each sentenced to eighteen months imprisonment for theft of coffin lids, and police reports indicated that flowers were also stolen and resold. So far as we are aware, these are the only cases of serious misconduct which have occurred since the Regulations were first made.

10. The Regulation-making powers in section 7 of the Act require Regulations to be made as to maintenance and inspection of crematoria. Under the Regulations, all crematoria are required to be maintained in good order, to have sufficient attendants, and to be kept in a clean and orderly condition. We consider that, in addition to being sufficient in number, the Regulations should require that crematoria staff should be "suitable", e.g., of good character, discreet and tactful and possess the requisite technical skill. We understand that cremation authorities encourage their employees to take examinations in the management of crematoria and the procedure at cremations, and that successful candidates are awarded proficiency certificates which are of value to them in their careers. These arrangements are useful in promoting the efficiency of the staff, and securing proper standards at crematoria, and we do not think it necessary to prescribe in the Regulations any means to an end which the cremation authorities themselves are striving to bring about.

11. Regulation 2 requires crematoria to be open for inspection at any reasonable time by any person appointed for that purpose by the Secretary of State or by the Minister of Health. It was proposed to us that official inspection, now undertaken very rarely, should be established on a regular basis, and that inspections should not be limited to visits "at reasonable times". The Committee of 1902 also thought it might be necessary to establish a system of regular inspection "when there is a crematorium in every large town", and we are in fact approaching this position. Special inspections carried out in all crematoria in Scotland since 1945, however, revealed no conditions which suggested a need for regular central inspection, and we have heard little, if any, evidence, apart from the two cases mentioned above, to suggest that regular visits by Government inspectors are called for. The fact that the establishment of crematoria is largely developing as a local authority service should mean that there will be more local supervision of crematoria than in the past. We agree that the words "at any reasonable time" are an unnecessary restriction on control by inspection, since it may on occasion be desirable to see the conditions in which the premises are left over-night, and we recommend the deletion of these words from the Regulations; but we consider that the existing provision for the appointment of inspectors *ad hoc* need not be extended.

PART II—PROCEDURE AT CREMATORIA

Cremation practice

12. While, as will be seen, we are not in general recommending any fundamental changes in the existing Regulations affecting the procedure at crematoria, we are proposing some new Regulations on certain matters which are not at present officially controlled. These proposals are concerned with the methods used in the process of cremation, a matter on which public opinion is properly and naturally sensitive. Section 7 of the Act authorises the making of Regulations prescribing, *inter alia*, under what conditions the burning of any human remains may take place, but the existing Regulations contain nothing specific on this important matter. We were glad to learn that a voluntary Code of Cremation Practice (see Appendix 2) is largely in force, and meets many of the points we have in mind. We consider that certain articles in this Code should be incorporated in the Regulations and our proposals in paragraphs 13 and 15 make provision accordingly.

13. We think it necessary to introduce certain new Regulations governing the handling of the coffin in the crematorium. Those we propose are as follows :—

- (i) Each coffin shall be cremated separately.
- (ii) There shall be no interference with the coffin when at the crematorium, or during the process of incineration, except as provided at (iii).
- (iii) External metal fittings may be removed from the coffin before it is placed in the furnace and cremated.
- (iv) No person shall be permitted to enter the committal room without the express permission of the crematorium superintendent.

Disposition of ashes

14. Regulation 16 provides that the ashes shall be given to the applicant for cremation, if desired ; otherwise, and unless special arrangements are made for burial or preservation, they must be decently interred in a burial ground or in land reserved for this purpose, or scattered thereon. A fortnight's notice shall be given to the applicant before interment or scattering, if the ashes have not been removed within a reasonable time.

15. We understand that complaints have been made about the manner in which ashes are conveyed through the post to the relatives of the deceased, and that the Federation of British Cremation Authorities are considering, in conjunction with the manufacturers, the possibility of producing containers which will be more suitable and less expensive than some of those now used. We recommend that where ashes are to be sent by rail or post, the Regulations should require that the cremation authorities use suitable containers for the purpose. In addition, we have considered carefully the question of the disposal of base and precious metals (the latter being usually gold or silver) and other articles of value which are not infrequently found among the ashes after cremation. We think it desirable to institute some measure of control in this regard, and we recommend :—

- (a) That the ashes resulting from each cremation shall be kept separate.
- (b) Where it is the intention to send the ashes to the relatives, or to bury them, any metals and other incombustible material shall be placed with the ashes in the same container.
- (c) Where the ashes are to be scattered, base metals shall be separated from the ashes, so far as possible by mechanical means, and buried

separately. Any precious metals, and other articles of value, shall be returned to the relatives if they so desire ; otherwise, they shall be kept in a safe place and disposed of by the cremation authority after a period of one year. Any proceeds from such disposal shall be credited to the crematorium accounts or devoted to some charitable purpose, as the cremation authority may decide.

PART III—APPLICATION FOR CREMATION

The wishes of the deceased

16. Under Regulation 4 any person who is known to have left written direction to the contrary may not be cremated. Witnesses suggested that this provision conflicted with the principle that there is no property in a dead body, and with the common law assignment to the executor of absolute right over a dead body. It would appear, however, that section 7 of the Cremation Act, which confers the power on the Secretary of State of prescribing in what cases cremation may take place, is sufficient authority for the Regulation. Witnesses could give no instance in which difficulty had arisen, and we think that not only is such a Regulation necessary, but that having regard to the strong objection which some people feel towards cremation, this Regulation should be strengthened ; and we recommend that in addition to the present requirement, there should be a prohibition to cremate in cases in which the deceased is known to have held views or beliefs inconsistent with cremation.

Form of application (Form A)

17. Cremation cannot ordinarily take place unless an application be made by the executor or nearest surviving relative of the deceased in accordance with Form A, and confirmed by statutory declaration (Regulation 7). One or two witnesses recommended that no form should be prescribed for the application, none being required for a burial ; or alternatively, that a simple application be prescribed without the detailed questions on Form A. The majority recommended that the form of application should remain substantially as at present, and we accept this view.

The need for statutory declaration

18. It was strongly recommended to us that instead of confirmation by statutory declaration the signature of the applicant should suffice, perhaps witnessed by a responsible person unconnected with the deceased, e.g., barrister, minister of religion, teacher, or member of the local authority. As a compromise, it was suggested that the Medical Referee should have power to ask for the application to be confirmed by statutory declaration if he thought this to be necessary.

19. It was argued that these recommendations would eliminate the trouble, (at a time of distress, which was caused in finding a Magistrate or Commissioner for Oaths before whom to make the statutory declaration—a difficulty greatest at the weekend and in rural areas—and would obviate the need to incur travelling expenses and the fee payable to a Commissioner for Oaths.* Further, it was pointed out that the Medical Referee, who is required to ascertain that the application satisfies the Regulations, may not know who is a Magistrate or Commissioner for Oaths in the area in which

* We understand that in Scotland the Justice of the Peace—there are no Commissioners for Oaths—hardly ever demands a fee.

the statutory declaration has been made and, in any case, the Magistrate or Commissioner is concerned with no more than the administration of the oath.

20. We are in favour of a procedure whereby the statutory declaration shall be dispensed with, and the applicant merely required to state on the application form that he has given true answers to the particulars required of him, to sign to that effect, and to obtain the counter-signature of any responsible person to whom he is known, on the lines now frequently adopted for counter-signing various other kinds of application. We are advised, however, that a statutory declaration must be made by someone, owing to the terms of the Act, that the applicant is the obvious person, and that to dispense with it an amendment must be made to the Statute.

The applicant

21. It was represented to us that the preference expressed in Regulation 7 for the application to be made by the executor or nearest surviving relative (who may be very difficult to identify as such) sometimes imposed an obligation on the nearest relative at a time when, by reason of shock or grief, he or she is least able to face an application; and that in practice, persons other than the nearest relative often make the application, giving satisfactory reasons for doing so, as permitted by the Regulation. It seems to us that the Regulations meet this point, but we consider it is necessary to ensure that the next of kin or a close relative, such as the one with whom the deceased ordinarily lived, at least concurs in the application to cremate, and that the fact of this concurrence (or the reasons for not concurring) should be stated by the applicant on the application Form A. We recommend amendment of the Form to this effect.

PART IV—MEDICAL CERTIFICATION FOR CREMATION

Present procedure

22. As already indicated, the Departmental Committee of 1902 were primarily concerned with the danger of cremation being used to destroy evidence of crime, and their recommendations were framed accordingly. Inevitably, these recommendations concentrated on an adequate system of medical certification, and indeed the procedure in this respect may be said to lie at the heart of the Regulations.

23. The broad basis of this procedure is that the normal medical attendant of the deceased should furnish a detailed certificate leading up to the opinion that there is no reason to suspect that death was due to other than natural causes (Form B); and that a shorter confirmatory certificate (Form C) should be furnished by an independent medical practitioner. Alternatively, medical certification may take the form of a certificate (in Form D) by a pathologist who has conducted a post-mortem examination, or by the Coroner (in Form E). Authority to cremate is given by the Medical Referee (in Form F) after being satisfied by examination of the relevant documents. In England and Wales the Medical Referee is such fit person as may be appointed by the Secretary of State, on the nomination of the cremation authority. In Scotland the cremation authorities appoint the Medical Referee, but are required to notify these appointments to the Secretary of State for Scotland. (Regulations 8-12.)

The certificate of the medical attendant (Form B)

24. A number of witnesses have pressed on us that this procedure should now be simplified and should approximate more closely to that for earth

burial, when all that is ordinarily needed is a simple medical certificate stating the cause of death—the death certificate—from the doctor attending in the last illness.

25. The certificate in Form B is far more searching in the particulars it requires than is the death certificate. There has been no suggestion either that the Form is a hindrance to cremation, or that it is not filled up with proper care. Some witnesses, indeed, considered that in certain respects the Form should require further and more explicit details, and to this end made the suggestions mentioned below. We agree that amplification of Form B on these lines would be an advantage:—

(a) Where the medical attendant has consulted the Coroner, the fact and the result should be stated on the Form.

(b) It should be stated whether or not a post-mortem examination has been made and if so, by whom it was made, and the result.

(c) The present question No. 12 on the Form (which asks whether the deceased underwent an operation during the final illness or within a year before death) should be amplified with particulars of the date on which the operation was performed.

(d) Question No. 13 (which asks for the names of the persons who nursed the deceased during the last illness) should make it clear that reference here is to private nursing and not hospital treatment.

(e) The medical attendant giving the certificate should furnish his address and telephone number.

(f) So as to avoid any ambiguity, dual questions should be set forth as separate questions.

26. Regulation 8 (a) of the English and the Scottish Regulations makes it a requirement, subject to alternatives, that a certificate in Form B shall have been given by a registered medical practitioner who has attended the deceased during his last illness, although the Scottish Regulation provides that if no medical practitioner has so attended, a registered medical practitioner who is the ordinary medical attendant of the deceased may give the certificate. The Regulation also requires that the doctor shall certify definitely as to the cause of death. Both these requirements are said to have given rise to the difficulties mentioned below.

27. It may happen that a doctor was not in attendance on the deceased during his last illness, which may have been very short. In such circumstances it is not unusual for the Medical Referee to accept a certificate in Form B, if the doctor had in fact visited the deceased within 14 days prior to death. Again, difficulties may arise in obtaining the medical attendant's certificate if he be away from home, or seriously ill, or where the patient has died away from home. We were impressed by the inconvenience which strict compliance with the requirements of the English Regulation may cause relatives at a time of acute distress, and we think that the system should be more flexible and make provision for the completion of Form B by the regular medical attendant of the deceased certifying "to the best of his knowledge and belief", if he had visited the deceased within 14 days of death.

28. The requirement that the medical practitioner shall certify definitely the cause of death may also give rise to difficulty, because although there may be no reason to think that death resulted from other than natural causes, the precise cause may be difficult to determine, and in such cases this could only be ascertained by a post-mortem examination. We were

informed that it was the practice of some Medical Referees to require post-mortem examinations to determine the cause of death in cases such as these where there was no doubt that death was due to natural causes. We agree with the views of the witnesses who thought such a procedure unnecessary. Indeed, we deprecate any tendency to use the cremation procedure as an excuse for unnecessary post-mortem examinations, and we recommend later in this Report (paragraph 46) that cremation should be permitted where there is no reason to suspect that death was due to other than natural causes, even if the precise cause of death be a matter of medical doubt.

The confirmatory certificate (Form C)

29. The modern cremation movement in Great Britain was commenced by Sir Henry Thompson who in 1874 founded the Cremation Society. The object of the Society found little support at the time, and indeed, aroused considerable opposition from the Government, clergy, and largely, the general public. It was the action of a doctor who, some ten years later, burned the body of his infant son in an open space on a Welsh hill-side, which first brought the question to legal issue. The doctor was charged with having committed an offence against public decency, but he was acquitted of the charge. The Cremation Society thereupon proceeded in 1885 to open a public crematorium.

30. During the first few years cremations were few and far between. The methods then employed are described by an historian of the movement as 'having been somewhat crude and perfunctory, but as time went on the Cremation Society formulated voluntary regulations, which were adopted by the authorities of the few crematoria then existing. These regulations had, of course, no force of law.

31. The need for some measure of statutory control led to the passing of the Act of 1902. In that year a Committee of officials was appointed to prepare a draft of the Regulations to be made by the Secretary of State in pursuance of the powers given him by section 7 of the Act. That Committee had before them the voluntary regulations of the cremation authorities, and they took it as a point of prime importance to "frame regulations which, while avoiding unnecessary restrictions such as might discourage cremation or involve undesirable delay in the disposal of a body", would reduce to a minimum the risk of cremation being used to destroy evidence of murder by violence or poison.

32. The law of burial permits, in certain circumstances, burial without certification of the cause of death; in those days, without the more stringent safeguards since introduced. The Committee of 1902 found that in some cases the bodies of murdered persons were buried without such certification; in others, more numerous, the certificate was found to have been given without sufficient enquiry, sometimes by a medical man who had not seen the deceased in his last illness, nor the body after death.

33. The voluntary regulations of the Cremation Society required two medical certificates. The Committee of 1902 considered the question:

"whether the Medical Referee ought in every case personally to investigate the cause of death in such a way as to enable him to arrive at an independent conclusion on facts ascertained by himself, or ought merely to examine the medical certificates to see that they are satisfactory, and in the case of their not being satisfactory decline to allow cremation without a post-mortem or a reference to the Coroner".

They felt that if they could adopt the former plan, they might dispense altogether with the second certificate required by the Cremation Society ; but they said that :

“ cases came from far too great distances and were too scattered to make it possible for the Medical Referee to see in each case the body of the deceased and to make independent inquiries as to the cause and circumstances of his death. On the other hand, if the Medical Referee is to judge by mere inspection of the certificates, we feel that we cannot dispense with the second certificate ”.

They added that they felt bound to provide for the possibility of crime by a medical man who might himself give the first certificate, adding that :

“ in such a case it is certain that the first certificate would be good on the face of it. We do not . . . profess that any guarantee in the way of certification, which it would be reasonable or practicable to require in every case of cremation, would infallibly bring to light any crime committed by a skilled and cautious malefactor ; but as the evidence of crime to be derived from the inspection of the body will necessarily be destroyed by cremation, we think it right, where the body is to be disposed of by cremation instead of by burial, that some additional security in the way of certificates should be required, in order to compensate for the loss of that evidence which exhumation might otherwise afford ”.

34. Concurrently with the question of the confirmatory certificate, the Committee of 1902 were at pains to determine the status of the doctor who should act as the Medical Referee, and authorise the cremation. It had been suggested to them that the right person was the Medical Officer of Health, or the Coroner. On this question, they said :

“ The Medical Officers of Health are not necessarily at present specially qualified as such to decide the points on which the permissibility of a cremation depends. If cremation became common and the duty were imposed upon them it is probable that they would qualify themselves by the study of toxicology, but at present and for some time to come the number of cases would be too few and too scattered to offer any inducement to most Medical Officers of Health specially to qualify themselves in this respect ”.

They went on to say that :

“ The Coroner is clearly the right person to make an inquiry in all cases where there are circumstances which involve suspicion of crime ; but it seems to us that the Coroner's machinery is too cumbrous to be called in to decide what in nineteen out of twenty cases will be the only question—viz., the sufficiency of the medical certificates. If in the majority of cases, where there is nothing to point to poison or violence, an inquest were to be held or even inquiries made by a Coroner's Officer, who is a constable, the procedure would be hurtful to the feelings of the friends of the deceased and would prove a serious obstacle to the spread of cremation ”.

The Medical Referee's certificate (Form F)

35. The Committee of 1902 came to the conclusion that the person to decide on the cremation should be the Medical Referee. They said that if the cremation authority could arrange for an examination to be carried out in some or all cases by their own Medical Referee (one is led to suppose that the great prestige then enjoyed by the late Dr. Herring and

Sir Henry Thompson, both of whom acted in that capacity and were witnesses before the Committee, inspired this choice) the Committee saw no objection to this ; but if the Medical Referee could not make the actual enquiry, it was considered that there ought to be a second certificate by an independent person who should be a medical practitioner either nominated for the purpose by the cremation authority, or holding one of the following appointments :

- (i) Medical Officer of Health,
- (ii) Police Surgeon,
- (iii) Certifying Factory Surgeon,
- (iv) Medical Referee under the Workmen's Compensation Act.

36. It is thus clear that in addition to the certificate of the cause of death given on Form B, two further certificates were considered necessary ; one confirmatory (Form C) and another to authorise the cremation (Form F), where it was appropriate under the Regulations as drafted that these two certificates should be given. Where, however, the confirmatory certificate would not be given by the Medical Referee of the crematorium, the Committee proposed that it should be given by a person holding one of the public appointments mentioned above, it being left to the Medical Referee to authorise the cremation on Form F.

Representations for and against the abolition of the confirmatory certificate

37. Arguments have been adduced to us for the abolition of the confirmatory certificate, as follows :—

(i) It was alleged that in the majority of cases, the certificate was given in a perfunctory manner because the certifying doctor naturally would not be disposed to act inquisitorially in respect of the medical man who gave Form B. It was even stated in evidence that in some cases all the questions on Form C have been answered in the negative.

(ii) The charge made for the certificate was stated to add appreciably to the cost of, and thereby to constitute a deterrent to, cremation. We were told that in some cases as much as five guineas was asked for giving Form C.

(iii) While it was conceded that a careful examination of the body externally might detect violence, privation or neglect, it was said that if and when a visit was made by the certifying doctor it was to be doubted whether he invariably made a really thorough examination of the body, which may be coffined before he arrived. Further, the point was made that some fatal poisons might escape detection from a superficial examination of the body.

(iv) That in close on 50 years' experience no case had occurred in which the inquiry necessitated by the confirmatory certificate had led to detection of crime.

Such arguments as these were put forward or supported by :—

The Association of Municipal Corporations,
The Cremation Council of Great Britain,
The Society of Medical Officers of Health,
The Proprietary Crematoria Association,
Certain Medical Referees.

On the other hand, the views originally expressed by the Committee of 1902 were re-affirmed by such authorities as those mentioned below, who

were all of opinion that the retention of a confirmatory certificate is an essential safeguard, so far as it is at all possible to apply one, against the use of cremation to conceal the commission of a crime.

Director of Public Prosecutions,
Professor J. M. Webster of the West Midlands Forensic Science Laboratory,
The Coroners' Society,
The British Medical Association,
Other Medical Referees.

38. The British Medical Association strongly opposed the abolition of the confirmatory certificate, which they considered was a public duty that the medical profession should be required to take seriously. The Association urged that to place the onus on the Medical Referee alone would be to burden him with an undue responsibility and would lead inevitably to unnecessary distress to the relatives in cases where he exercised his discretion to direct pathological examinations. The requirement of the completion of two medical certificates by medical practitioners unrelated to one another either professionally or in law, was considered to be sound and in the public interest. The Coroners' Society expressed the view that probably the only safe alternative to the requirement of certificate C was post-mortem examination in every case, which would not be acceptable to public opinion. But the Society were of opinion that there must be some such precaution, in addition to Form B, to prevent the concealment of crime by cremation, and they recommended that the confirmatory certificate C in a revised and slightly strengthened form, should certainly be retained. Some Medical Referees said they felt justified in relying almost entirely upon the certificate in Form B given by the medical attendant of the deceased, but they considered that the psychological effect of requiring a second certificate was of itself a safeguard, and that Form C should be retained if only for this reason. The Committee of 1902 considered the ninety-five cases of exhumation ordered by Coroners or by the Home Secretary in the nine years preceding 1901 and found that in only four cases had exhumation led to conviction for murder or manslaughter. We have not similarly analysed the very many fewer cases of exhumation ordered by the authorities over the last equivalent period, but we note that these now average only 2 per year among the 500,000 or more registered deaths per annum. We doubt, therefore, whether an analysis of exhumations can throw any light on the extent to which cremation may be concealing murder or manslaughter. Witnesses have brought to our notice only two cases of murder in the last fifty years in which cremation was at issue. In the first, a Medical Referee informed us that he brought the case to the notice of the police through irregularities in the form of application for cremation, though we have reason to believe that the police had other evidence also upon which they worked. In the second case, there was evidence that police enquiries into the death of a doctor's third wife had to be abandoned by reason of her cremation. The Cremation Regulations had, however, been satisfactorily complied with, and, as the 1902 Committee recognised, none can be framed which would eliminate all risk of concealment of crime.

Conclusions and recommendations

39. We have very carefully considered these several views; but notwithstanding representations which sought to show that the confirmatory certificate was a restriction on the practice of cremation, and unnecessary as a

safeguard, we have come to the conclusion that it is an essential item in the system. Furthermore, we think that the certificate should be fully effective for its purpose, and should never be completed in a perfunctory manner. We therefore propose that the Regulations should be so worded as to make it a duty on the person giving the confirmatory certificate to answer the questions properly and effectively. It must, in short, fulfil its purpose, which we conceive to be:—

(a) to help to disclose crime before disposal of the body ;

(b) to afford an answer, if suspicion of foul play should arise after disposal of the body ; and

(c) to discourage crime by making discovery more likely.

40. We therefore recommend the adoption of a procedure such as that contemplated in 1902, whereby the confirmatory certificate should not only perform the function assigned to it, but in addition, obviate the necessity for the further certificate on Form F, which is the Medical Referee's authority to cremate ; our proposal is that the two certificates should be combined in a new certificate which would serve the dual purpose of confirming the certificate B and authorising cremation.

41. As the new certificate would have to serve this double purpose, and particularly as it would take the place of the Medical Referee's " authority to cremate ", it is desirable that the medical man who gives it should have some clearly recognised status. This could be achieved by placing primary responsibility on the Medical Officer of Health of the county or county borough where the death occurs ; in counties there would no doubt be a power to delegate in appropriate cases to Medical Officers of Health of county districts. In making this suggestion we have borne in mind, among other considerations, the fact that of the existing 58 crematoria, 37 are owned by local authorities by whom the Medical Officer of Health is appointed, and all of the projected 100 or more additional crematoria will similarly be owned by local authorities. (In view of the restriction on private building it is unlikely that many more private crematoria will be opened, at any rate for some time to come.) The Medical Officer of Health should, we suggest, be assisted by a panel of medical practitioners, chosen by the local authority in accordance with Rules to be made by the Secretary of State. The task of certification would normally fall on these practitioners ; and the undertaker arranging for cremation in a particular case would ask the Public Health Department for the name of the medical man whom he should approach for the purpose of securing the second certificate.

42. We have not thought it proper to discuss this proposal with any outside bodies at this stage, but, subject to that, we see no reason why a procedure on these lines should not work satisfactorily, and we recommend it for adoption in England and Wales. In certain respects the organisation of medical services in Scotland is not identical with that in England and Wales, and it may be that in Scotland, the alternative system would be preferred of placing responsibility for the completion of the new combined certificate on the hospital service as established under the National Health Service Acts. (Only one of the six Scottish crematoria is owned by a local authority.) The principal argument put to us for making use of the hospital service is that here is the organisation to which the general practitioners now normally turn when seeking a second medical opinion. It was also argued that the hospital service would be able to introduce a flexible procedure whereby the medical man giving the second certificate

could, if necessary, be selected in the light of the circumstances of the particular case. Under this system, as in the case of that described in the preceding paragraph, the work would fall largely on a panel of selected general practitioners; and the undertaker would normally find out the doctor he should approach by ringing up the hospital designated for the purpose. We of course assume that this procedure would not lead to the danger we mention in paragraph 28.

43. Whichever of these systems be adopted, it seems to us that in the case of a death in a hospital under the jurisdiction of a Regional Hospital Board it would generally be superfluous to require that confirmation of the certificate in Form B should be obtained from a source outside the hospital. In such cases we are mainly concerned that the confirmatory certificate shall not be given by a medical colleague of the doctor giving the certificate in Form B, and we recommend that in any case of death in a hospital which is not referable to the Coroner, the Medical Superintendent or his deputy should give the combined confirmatory certificate and authority to cremate.

44. We recognise, however, that if and when cremation becomes much more common than at present, this question of medical certification may again call for review. It is perhaps not unreasonable to assume that cremation may one day account for the disposal of human remains in, say, 50 per cent. of the total deaths. A development of this order might well reopen the question whether the procedure for cremation and that for earth burial should not be more closely assimilated. We are satisfied that our present recommendations go as far as is possible at the present time.

PART V—THE FUNCTION OF THE CORONER

Present procedure

45. Under the Cremation Regulations, the Medical Referee cannot, so far as Coroner's cases are concerned, give his written authority for cremation (in Form F) unless the Coroner has certified the cause of death after a post-mortem examination, and has issued his certificate in Form E (Regulation 8 (c)); or unless an inquest has been held and Form E has been given by the Coroner, though Form E may also be given on the adjournment of an inquest in the case of certain specified kinds of accident (Regulation 8 (d)). If a Coroner gives notice of his intention to hold an inquest, cremation must be deferred (Regulation 12 (7)). The Medical Referee must himself require a post-mortem examination if the cause of death assigned in the medical certificates be such as, regard being had to all the circumstances, might be due to poison, to violence, to any illegal operation or to privation or neglect, and if a post-mortem examination fails to reveal the cause of death he must decline to allow cremation unless an inquest be held and a certificate given by the Coroner in Form E (Regulation 12 (5)).

Recommended modifications

46. The main recommendation made to us on the responsibilities of the Medical Referee was that they should be more closely linked with those of the Coroner. It was suggested to us that, while the full discretion to allow or forbid cremation should remain with the Medical Referee, it should not be his responsibility to order post-mortems. We had evidence that some Medical Referees require post-mortems too freely, and that this causes considerable expense and distress to relatives. We have recom-

mended (paragraph 40) that the confirmatory certificate shall in addition be the authority for the cremation to take place. We further recommend that the doctor who gives the confirmatory certificate should be empowered to authorise cremation without requiring any further examination of the body in any case in which there may be conflict of medical opinion as to the cause of death, but in which there is no reason to suppose that the death may have been due to poison, to violence, to any illegal operation or to privation or neglect. Any suspicious case would of course be reported to the Coroner, who should have power, if he were satisfied that an inquest or post-mortem examination of the body need not be made, to authorise the cremation to take place. This he would do on Form E.

47. One of the alternative requirements which must be observed before cremation may take place (Regulation 8 (d)) is that an inquest shall have been held and a certificate given by the Coroner in Form E; provided that in any case in which the death ensues from an industrial, railway, flying or road accident, and the Coroner adjourns the inquest with a view to the investigation of the causes of the accident, he may give a certificate in Form E if he is satisfied that death was due to an accident, without waiting for the termination of the inquest. It has been suggested to us, and we agree, that there is no logical reason for limiting the issue of certificate E to certain classes of accidents which lead to inquests, and that the Coroner should be empowered to give his certificate without waiting for the termination of the inquest, in every case of accidental death.

48. In every case in which a Coroner issues a certificate in Form E, that document should in our view be the authority to cremate. The Coroner should notify the Registrar of Deaths on Part A of the Notification form of this exercise of his authority. Where, however, the Coroner is merely consulted, and he does not think it necessary to hold an inquest or make a post-mortem examination, cremation would follow the completion of, and be authorised by the signatory of, the certificate in Form C; provision should be made in that certificate for a statement, by the doctor who completes it, that the Coroner has been consulted.

49. It follows from our recommendations in paragraphs 40 to 43, and 47, that if effect be given to them, the Medical Referee and deputy Medical Referee whom, under Regulation 10, every cremation authority is required to appoint, will no longer be necessary; and the present cremation Form D (which is the certificate given after a pathological examination made at the instance of the Medical Referee under Regulation 12 (5)) will lose its purpose.

PART VI—REGISTRATION

Certificate from Registrar of Births and Deaths

50. It has been represented to us that the procedure in connection with the certificate for disposal of the body of a deceased person has been found inconvenient in two ways. The first of these arises from the fact that Regulation 12 (2) of the Cremation Regulations (made pursuant to section 10 of the Births and Deaths Registration Act, 1926) prohibits cremation until either the death has been registered by the Registrar of Deaths or the Coroner has given a certificate in Form E after a post-mortem examination or inquest. The requirements here are stricter than in the case of burial. A body may be disposed of by burial before registration of the death on the authority of a Registrar's "Certificate of Disposal before

Registry" which he may issue merely on receipt of a medical certificate of cause of death, if that certificate does not reveal any need to refer the case to the Coroner. To wait until the death has actually been registered may cause delay or inconvenience to the relatives because in country districts the relatives may have either to travel some distance to the Registrar's central office, or to wait until the Registrar makes one of his periodical visits to the outlying villages.

51. While we appreciate the inconvenience that this procedure may cause in country districts we think that the existing Regulation provides an important safeguard which should not be dispensed with. In deciding whether a case should be referred to a Coroner the Registrar of Deaths is guided not only by what appears on the face of the death certificate but also by all the circumstances surrounding the case. We were informed that although the death certificate may look straightforward, the informant who goes to register the death may make statements in the course of the questioning by the Registrar which may justify the Registrar in referring the case to the Coroner instead of registering the death there and then.

52. The second difficulty is said to arise from the fact that at present the sole person permitted by the Cremation Regulations to authorise the disposal of a body is the Medical Referee. The Registrar-General has accordingly inserted on the back of the certificate of disposal an instruction requiring it, in the case of cremation, to be delivered to the Medical Referee. The latter, however, may be perfectly satisfied in his own mind before he receives the certificate that, subject to the production of that certificate, there is no reason why the body should not be cremated. If then, the disposal certificate is not soon forthcoming, e.g., because of delay in registering the death, the cremation may be unnecessarily delayed. Again, delay may occur if the certificate for disposal arrives at the crematorium with the body on a day or at a time when the Medical Referee is not present; the undertaker must then either go to the Medical Referee's house with his certificate, or wait until he arrives at the crematorium.

Recommended modifications

53. If the proposals we make in Parts IV and V of this Report be adopted, the difficulty mentioned in paragraph 52 will disappear because the medical man signing Form C will not have the duty of actually instructing the cremation to proceed, and will not therefore need to see the Registrar's certificate for disposal. The duty of instructing the cremation to proceed will become appropriate to some official at the crematorium, and we recommend that it be placed on the crematorium registrar in addition to the duties specified in Regulations 17 to 19 of the existing English Regulations and Regulations 18 to 20 of the Scottish Regulations. It will thus be necessary for the crematorium registrar, before permitting the cremation to proceed, to receive the following documents :—

- (1) If the case has not been referred to the Coroner,
 - (a) a certificate for disposal after registry, issued by the Registrar of Births and Deaths for the sub-district in which the death occurred, or a certificate of no liability to register, issued by the Registrar of Births and Deaths for the sub-district in which the crematorium is situated; and
 - (b) a certificate in Form C (confirming a certificate in Form B), issued by the Medical Officer of Health for the area in which the crematorium is situated, or a doctor on his panel of assistants; or
- (2) If the case has been referred to the Coroner, an authority to cremate issued by the Coroner in Form E.

54. In the alternative (1) above it matters not whether document (a) or (b) is received first, provided that both are received and are in order before the cremation takes place. We recommend that there should be a provision in the Regulations making it an offence for the crematorium registrar to authorise a cremation to proceed before he is satisfied by personal inspection that the documents referred to in (1) or (2) above are in order.

PART VII—REGISTRATION IN SCOTLAND

55. Parts V and VI of this Report, dealing with the functions of the Coroner and with registration, refer to the position in England and Wales. In Scotland the arrangements are somewhat different and are briefly described below.

56. As already explained (paragraph 7) the Procurator-Fiscal in Scotland does not normally hold inquiries in public. Having satisfied himself that there are no suspicious circumstances, he may under the present Scottish Regulations (Form E.1) “permit the cremation of the body” of the deceased ; and in such cases the subsequent authorisation of cremation by a Medical Referee required at present is in fact superfluous.

57. The Scottish procedure for registration is in some respects different from that in England, and there is in Scotland no question of the informant having to wait for a periodical visit by a Registrar to a local office. The Registrar’s duty is to register the death on the information given him by a relative of the deceased or other qualified informant and to issue his certificate of registration. If the circumstances justify it, he thereafter reports the death to the Procurator-Fiscal. Reporting the death to the Procurator-Fiscal does not entail the suspension of the registration of the death.

58. It would appear then that the requirement in the Scottish Regulations that a certificate of registration must be produced is primarily intended to confirm that statutory registration has been effected. The production of a certificate of registration does not imply that, in a case which the Registrar has reported to the Procurator-Fiscal, the latter has made his investigation and issued his report. The question whether the Scottish procedure should be tightened up in any way in relation to the duties of Registrars, has been put to the Crown Office (Scotland) who have indicated that they see no sufficient reason for modifying the present arrangements.

PART VIII—POWER TO DISPENSE WITH CERTAIN OF THE REGULATIONS

Existing powers

59. Under Regulation 12 the Medical Referee is authorised, in the case of a person who has died in any place out of England, to accept a Declaration containing the particulars prescribed in Form A if it be made before any person having authority in that place to administer an oath or to take a declaration ; and to accept certificates in Forms B, C and D if they be signed by any medical practitioners who are shown to his satisfaction to possess qualifications substantially equivalent to those prescribed in the case of each certificate by the Cremation Regulations. In any case in which Forms B and C are not available in connection with a death out of England, the Secretary of State, if satisfied that the case is one in which cremation may properly take place, may by order under his hand authorise the Medical Referee to allow the cremation without the production of Forms B and C.

Regulation 13 permits an application as well as other formalities to be dispensed with for the cremation of a deceased person buried for not less than one year, subject to such conditions as may be imposed in the exhumation licence. Regulation 14 permits the Medical Referee, if satisfied as to the cause of death, to dispense also with the application and with the requirements of certain Regulations (4 to 9 inclusive, and 12) and authorise the cremation of a person dying of a specified infectious disease either on board ship or in certain publicly provided hospitals and places of reception.

Recommended modification of Regulation 14 of the Cremation (England) Regulations

60. No modification of Regulation 12 or 13 was recommended by any witness; in our opinion, each of these Regulations serves a very useful purpose, and we recommend that they should be continued. It was suggested to us, however, that Regulation 14 of the Cremation (England) Regulations should conform generally to Regulation 15 of the Cremation (Scotland) Regulations, which makes similar provision (with the addition of anthrax and small-pox to the list of specified diseases) on application by, or with the consent of, the local Public Health authority, and the place of death is not restricted to hospitals etc., as in the English Regulation. As pointed out by some witnesses, death from specified diseases on an incoming air liner would thus be covered. We agree with the proposal generally, and recommend its adoption.

PART IX—MISCELLANEOUS

Unidentified human remains

61. Human remains which have not been identified may not be cremated (Regulation 5). Witnesses drew attention to the fact that remains may be unidentifiable when found, e.g. bodies washed up from the sea, and suggested that in such cases local authorities might be given power to have the remains cremated. This, however, is a class of case in which investigation may on occasion be specially called for, on suspicion that death has been due to foul play, and we therefore consider that the substance of Regulation 5 should remain.

Post-mortem examinations in a hospital

62. It was represented to us that on occasion the burning of a part or parts of human remains within the precincts of a hospital has caused difficulty to Coroners, but no general difficulty in practice has been reported to us, and we think the matter can be left to the discretion of the hospital authorities.

Preservation of documents at crematoria

63. Some witnesses expressed the view that the requirement in Regulation 20 that applications, certificates, etc., shall be kept at least fifteen years was unnecessarily long. We agree, and recommend that this period be reduced to not less than five years.

Fees for medical certification

64. Under the Act of 1902 there is a requirement that charges or fees demanded by the burial authority for cremation in their crematorium must be approved; but there is no statutory authority enabling regulations to be made prescribing the fees to be charged for medical certification by the medical attendant or by the confirmatory medical practitioner. It was alleged by some witnesses that the fees at present being charged for the cremation

certificates B and C were not infrequently high and, in some cases, exorbitant. The new procedure we have recommended for certification in Form C will change the form from a medical report by a private medical practitioner to a certificate furnished by or on behalf of the local authority for which it would be appropriate to make a reasonable standard charge. We think, in fact, that the charges for both certificate B and certificate C should be standardised, and accordingly that the Secretary of State should have power to lay down maximum charges payable for these certificates, which would be applicable over the whole country. The fees chargeable by the local authority for certificate C should cover their payments to practitioners giving the service, and their establishment charges attributable to it; the fees chargeable for certificate B would be payable to the practitioner giving the certificate, except where he was required by the terms of an appointment to give the certificate free. Before fixing the charges, the Secretary of State would no doubt consult the Minister of Health and the medical profession.

Cremation of a still-born child

65. There is power to dispense, under Regulation 15, with certain requirements, including that as to the application to cremate, in the case of the cremation of the remains of a child medically certified to be still-born. It was suggested to us that a special form be prescribed authorising cremation in these cases, on the lines of that already in use in certain crematoria, and that a definition of "still-born" corresponding to that given by the Registrar-General should be included in the Regulations. We agree that a form is desirable for the purpose but we do not recommend the inclusion in the Regulations of any definition of "still-born". The Regulations are made under the Births and Deaths Registration Act, 1926,* as well as under the Act of 1902 and, by implication, attract definition in the Act of 1926.

Removal of a body from a crematorium

66. There is nothing in the existing Regulations to prevent the removal of a body from a crematorium before the actual cremation takes place. The Federation of British Cremation Authorities' Code of Cremation Practice (Appendix 2) contains a clause to the effect that a body shall not be removed from a crematorium after the Service of Committal. This provision has no legal authority and it seems to us desirable that the Regulations should expressly provide that, except on the authority of the Secretary of State or of a Chief Officer of Police, once a body has been placed in the crematorium, it shall not be removed until the process of cremation has been completed.

Embalming ; and the injection of preserving fluids

67. We were informed that cases have occurred where the body has been embalmed before cremation, and that the practice of injecting a preserving fluid into the body soon after death where early decomposition is to be expected is not uncommon. It was suggested that these practices might affect the result of any pathological examination of the body which may be necessary before cremation is effected, by causing difficulty in determining whether or not the death was due to poison. We are of opinion that cremation should not be permitted if a preserving fluid has been injected before the confirmatory certificate C has been given, or if the body has been embalmed.

Association of the cremation certificates

68. We were informed that the cremation certificates B and C are issued as separate forms by some cremation authorities, but that others found it

* The Births and Deaths Registration Act does not apply to Scotland, and it may therefore be necessary to include a definition of "still-born" in the Scottish Regulations.

convenient to print them together as one document. The advantages claimed for the latter method were that delay or error from the association of the wrong forms, and the possibility of fraudulent substitution, were thereby avoided. We agree that the two forms should always be printed as one document. It was also stated that some cremation authorities varied the order of the questions and even the prescribed contents of the forms they print for their own use. We think the Regulations should make it clear that this practice is not permissible.

69. We wish to record our indebtedness to our Secretary, Mr. L. M. Baker. His knowledge of the subject matter was of great value to us. The arrangements which he made for the conduct of our proceedings, the careful records he kept of our meetings and discussions and the assistance he gave in the drafting of our Report have earned our warm thanks.

(Signed) H. A. STRUTT,
(Chairman).
R. HOWAT.
J. M. ROSS.
H. F. SUMMERS.
J. I. WALL.

L. M. BAKER (*Secretary*).

Home Office,
19th July, 1950.

SUMMARY OF RECOMMENDATIONS

Siting and Establishment of Crematoria

1. The siting, establishment and approval of plans of all crematoria should be subject to prior official approval. It would be necessary to amend the Cremation Act, 1902, to make provision for this. (para. 8)

Maintenance and inspection of crematoria

2. The Regulations should require that, in addition to being sufficient in number, crematoria staff should be "suitable", e.g., of good character, discreet and tactful and possess the requisite technical skill. (para. 10)

3. The words "at any reasonable time" are considered to be an unnecessary restriction on control by inspection and should be deleted from the Regulations. (para. 11)

Procedure at crematoria

4. Further provision should be made to govern the procedure at crematoria, to the following effect:—

(i) Each coffin should be cremated separately.

(ii) There should be no interference with the coffin when at the crematorium, or during the process of incineration, except as provided at (iii).

(iii) Metal fittings may be removed from the coffin before incineration.

(iv) No person should be permitted to enter the committal room without the express permission of the crematorium superintendent.

(v) Ashes resulting from each cremation should be kept separate.

(vi) If the ashes are to be sent to the relatives, or buried, any metals or other incombustible material remaining after cremation shall be placed with the ashes in the same container.

(vii) If the ashes are to be scattered, base metals shall be separated from the ashes so far as possible by mechanical means and buried separately. Any precious metals and articles of value should if possible be returned to the relatives; if not, they should be retained and disposed of by the cremation authority after a period of one year. (paras. 13 and 15)

The wishes of the deceased

5. Regulation 4 should be amplified to prohibit cremation in cases in which the deceased person is known to have held views or beliefs inconsistent with cremation. (para. 16)

The application (Form A)

6. The statutory declaration required in conjunction with the form of application should be dispensed with. This would involve an amendment of the Cremation Act, 1902. (para. 20)

7. Provision should be made in the Regulations for an assurance to be given by the applicant that the next of kin, or close relative, concurs in the application, where this is not made by the one or the other. (para. 21)

The certificate of the medical attendant (Form B)

8. The certificate in Form B should require further and more explicit details, as follows:—

(a) Where the medical attendant has consulted the Coroner, the fact and the result should be stated on the form.

(b) It should be stated whether or not a post-mortem examination has been made, and if so, by whom it was made, and the result.

(c) Particulars should be given of the date of any operation during the final illness or within a year before death.

(d) The present question No. 13 should make it clear that the reference here is to private nursing.

(e) The medical attendant giving the certificate should furnish his address and telephone number. (para. 25)

(f) Dual questions should be set forth as separate questions.

9. The requirement (Regulation 8 (a)) that Form B must be completed by a medical attendant who attended the deceased during his last illness should be varied to permit certification by the doctor "to the best of his knowledge and belief" if he had visited the deceased within 14 days prior to death. (para. 27)

10. The requirement that the medical practitioner completing Form B must certify definitely as to the cause of death before cremation may take place, should be modified to permit the confirming doctor to authorise cremation where there is no reason to think that death resulted from other than natural causes. (paras. 28 and 46)

The confirmatory certificate (Form C)

11. A confirmatory certificate should be retained in the cremation procedure. (para. 39)

12. The confirmatory certificate should serve the dual purpose of confirming the certificate B and authorising cremation, combining the present functions of Forms C and F. (para. 40)

13. The combined confirming and authorising certificate should be given by the Medical Officer of Health of the county or county borough in which the death occurred; the Medical Officer of Health of a county to have power to delegate in appropriate cases to Medical Officers of Health of county districts. The Medical Officer of Health should be assisted by a panel of medical practitioners, chosen by the local authority in accordance with Rules to be made by the Secretary of State. (In Scotland, the alternative system of placing responsibility for giving the combined certificate on the hospital service as established under the National Health Service Acts may be preferred.) (paras. 41 and 42)

14. In the case of a death in a hospital which is not referable to the Coroner, the Medical Superintendent or his deputy should give the combined confirmatory certificate and authority to cremate. (para. 43)

15. In any case in which there may be conflict of medical opinion as to the cause of death, but in which there is no reason to suppose that the death may have been due to poison, to violence, to any illegal operation or to privation or neglect, the confirming doctor should be empowered to authorise the cremation without requiring any further examination of the body. (para. 46)

Function of the Coroner in the cremation procedure

16. Any suspicious case should be reported to the Coroner by the doctor giving the confirmatory certificate. If the Coroner be satisfied that an inquest or post-mortem examination of the body is unnecessary, he should have power to authorise the cremation to take place. This he would do on Form E. (para. 46)

17. The Coroner should be empowered to authorise cremation on Form E in any case of accidental death, without waiting for the termination of the inquest. (para. 47)

18. In every case in which a Coroner issues a certificate on Form E, that document should be the authority to cremate. Where the Coroner, after being consulted by the doctor who gives the confirmatory certificate in Form C, does not think it necessary to hold an inquest or to make a post-mortem examination, the doctor who gives the certificate should authorise the cremation to take place. A note should be made on Form C by that doctor that the Coroner has been consulted. (para. 48)

Registration

19. The duty of instructing the cremation to proceed should be placed on the crematorium registrar. (para. 53)

20. It should be made an offence under the Regulations for the crematorium registrar to give instructions for a cremation to proceed before he has received the proper documents and is satisfied that they are in order. (para. 54)

Power to dispense with certain of the Regulations

21. Regulation 14 of the Cremation (England) Regulations should conform generally to Regulation 15 of the Cremation (Scotland) Regulations. (para. 60)

Miscellaneous

22. *Preservation of documents at crematoria.*—The minimum period of retention of documents at crematoria should be reduced from 15 to 5 years. (para. 63)

23. *Fees for cremation certificates.*—The Secretary of State should be empowered to lay down maximum standard charges for certificate B where it is appropriate that a charge should be made, and for certificate C. (para. 64)

24. *Cremation of a still-born child.*—A certificate should be introduced for the cremation of a still-born child. (para. 65.)

25. *Removal of a body from a crematorium.*—Except on the authority of the Secretary of State or of a Chief Officer of Police, once a body has been placed in the crematorium, it shall not be removed until the process of cremation has been completed. (para. 66)

26. *Embalming : and the injection of preserving fluids.*—Cremation should not be permitted if a preserving fluid has been injected before the confirmatory certificate has been given, or if the body has been embalmed. (para. 67)

27. *Association of cremation certificates.*—Cremation Forms B and C should be printed together as one document. No variation should be permitted either of the contents of the forms, or in the order of the questions. (para. 68)

APPENDIX 1

SOURCES OF EVIDENCE

<i>Organisation</i>	<i>Witnesses heard</i>
Cremation Council of Great Britain incorporating the Cremation Society and the Federation of British Cremation Authorities.	The Lord Horder, G.C.V.O., M.D., F.R.C.P. Mr. Hugh Royal Mr. W. R. Tattersall Mr. P. Herbert Jones
Proprietary Crematoria Association ..	Mr. G. B. Watson Mr. G. A. Noble
Coroners' Society of England and Wales	Mr. W. Bentley Purchase, C.B.E., M.C., M.B., M.R.C.S., D.P.H.
National Association of Funeral Directors	Mr. J. James-Crook Mr. R. A. Ebbutt Miss F. D. Hurry
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West Midlands Forensic Science Laboratory	Views ascertained by correspondence with the Director, Professor J. M. Webster, M.A., M.D., F.R.C.S., Ch.B.
Certain Procurator-Fiscals in Scot- land	Views obtained through Crown Office (Scotland).

* Other Medical Referees furnished their views in writing.

APPENDIX 2

THE FEDERATION OF BRITISH CREMATION AUTHORITIES CODE OF CREMATION PRACTICE

1. The cremation of a human body is a highly emotional occasion for many of those taking part in the service. This should never be forgotten by the officials of the Crematorium, who should combine to create and maintain an atmosphere of reverence and respect throughout the entire proceedings.

2. The funeral director shall observe the regulations drawn up by the Cremation Authority. He is responsible for the provision of sufficient bearers to convey the coffin reverently from the hearse to the catafalque. When the coffin is in position on the catafalque or deposited in the Rest Room or Chapel of Repose at the Crematorium his responsibility towards it ceases and that of the Cremation Authority begins.

3. No official of a Cremation Authority shall conduct the business of a funeral director.

4. A body shall not be removed from the Crematorium after the Service of Committal.

5. No portion of the coffin or its contents shall be removed following the Committal Service; they shall be put into the furnace exactly as they are received on the catafalque.

6. Once a coffin, with its contents, has been placed in the furnace, it shall not be touched or interfered with until the process of incineration is completed.

7. No person shall be permitted to enter the committal room without the express permission of the superintendent. In cases where the representatives of the deceased express the desire to witness the placing of the coffin in the furnace, the superintendent shall give permission to two representatives to enter for this purpose.

8. Each body, whether adult or child, given to the care of the Cremation Authority shall be cremated separately. An exception shall be permitted where death is due to childbirth, when mother and child may be cremated in the same coffin, provided the necessary Authority to Cremate has been granted in both cases.

9. It frequently occurs that ornaments and rings, or dentures, of gold and other precious metals, are present on the body brought for cremation. In the process of cremation these metals are not destroyed, but are present, in dull, misshapen form among the ashes. Care should be taken to separate such metal from the ashes, and a receptacle should be provided in which they should be retained for subsequent disposal in accordance with the directions of the Cremation Authority, or higher Authority.

10. The utmost care shall be taken to ensure that the ashes resulting from each cremation shall be kept separate. Following their removal from the furnace, the ashes shall be reduced and placed in separate containers whilst awaiting final disposal. If the ashes are to be sent by rail or through the post, specially constructed containers shall be provided for this purpose, suitably labelled.

11. All mechanical apparatus used in the Crematorium shall be regularly overhauled and cleaned to ensure its being kept in perfect working order, and to prevent friction noises which are calculated to distract or disturb the mourners. Special attention should be paid to mechanical devices which are particularly prone to develop imperfections.

12. The greatest care should be taken in the appointment of members of the Crematorium staff, any one of whom may, by conduct or demeanour, detract from the atmosphere of reverence which it is endeavoured to create. In addition, it should be realised that the wrong type of man is capable of comment outside the Crematorium calculated to bring the Crematorium and Cremation to disrepute.

THE FEDERATION OF BRITISH CREMATION AUTHORITIES CODE OF CREMATION PRACTICE

1. The cremation of a human body is a highly ceremonial occasion for many of those taking part in the service. It should never be forgotten by the officials of the Crematorium who should endeavour to create and maintain an atmosphere of reverence and respect throughout the entire proceedings.

2. The funeral director shall observe the regulations drawn up by the Cremation Authority. It is recommended for the provision of sufficient notice to destroy the coffin remaining from the service in the catalogue. When the coffin is in position on the catafalque or deposited in the Rest Room or Chapel of Repose of the Crematorium the responsibility towards it ceases and that of the Cremation Authority begins.

3. No official of a Cremation Authority shall conduct the business of a funeral director.

4. A coffin shall not be removed from the Crematorium after the service of Cremation.

5. The removal of the coffin or its contents shall be removed following the Cremation service; they shall be put into the furnace exactly as they are received in the catalogue.

6. Once a coffin with its contents has been placed in the furnace, it shall not be touched or interfered with until the process of incineration is completed.

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7. The funeral director shall be taken to ensure that the ashes resulting from the cremation shall be kept separate. Following their removal from the furnace, the ashes shall be reduced and placed in separate receptacles while awaiting the funeral. If the ashes are to be sent by rail or through the post, specially constructed containers shall be provided for this purpose, suitably labelled.

8. All mechanical apparatus used in the Crematorium shall be regularly overhauled and checked to ensure its proper work in perfect working order, and to prevent pollution of the atmosphere which is calculated to disturb or offend the members of the public. Special attention should be paid to mechanical devices which are particularly prone to develop vibrations.

9. The ground area should be taken in the appointment of members of the Crematorium staff, any one of whom may be required to demonstrate respect from the atmosphere of reverence which it is endeavoured to create. In addition, it should be recalled that the same type of staff is capable of causing offence to the Crematorium staff, Cremation to